PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-003-2

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 664,479 Substitute for Form PTO-875 OTHER THAN **CLAIMS AS FILED - PART I** OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) NUMBER EXTRA RATE FEE FOR NUMBER FILED RATE FEE BASIC FEE ΩR (37 CFR 1.16(a)) TOTAL CLAIMS X \$ (37 CFR 1.18(c)) minus 20 = ΛR INDEPENDENT CLAIMS minus 3 OR X \$ = (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = 179680 TOTAL he difference in column 1 is less than zero, enter "0" in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) CLAIMS HIGHEST PRESENT RATE ADD1-REMAINING NUMBER RATE ADDI-TIONAL **PREVIOUSLY EXTRA** TIONAL ENDMENT AFTER AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST  $\omega$ PRESENT ADDI-RATE ADDI REMAINING NUMBER RATE **EXTRA** TIONAL TIONAL **AFTER PREVIOUSLY** ENT FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.18(c)) Minus ENDM OR x \$ Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) CLAIMS. HIGHEST PRESENT RATE ADD1-RATE ADDI-REMAINING NUMBER **EXTRA** ENT **AFTFR** PREVIOUSLY TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDM OR Minus ΩR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments

on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<sup>&</sup>quot; If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

10/ 2

**Application or Docket Number** 

OAKOBERTA

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)							ENTI	ENTITY OF		OTHER THAN SMALL ENTITY		
FO	R		R FILED	NUMBER E		RATE	FE	E	ſ	RATE	FEE	
BAS	SIC FEE						345	5.00	OR		-690:00	
TO	TAL CLAIMS		8 minus 20= •			X\$ 9=		1	OR	X\$18=	·	
INDI	EPENDENT CU	AIMS C	3 minus 3 =			X39=		7	OR	X78=	:	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		1	OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	690	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE	
DME	Total	<del></del>	Minus	**	=	X\$ 9=		T	OR	X\$18=	1	
AMENDMENT	Independent	TINOUS	Minus	***	e	X39=			OR	X78=		
Ľ	FIRST PRESE	VITATION OF MI	JLTIPLE DEP	ENDENT CLAIM		+130=			OR	+260=		
1111						TOT ADDIT, F			ОЯ	TOTAL ADDIT, FEE		
10	2/4/03				7.4							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	: TIO	DDI- NAL EE		RATE	ADDI- TIONAL FEE	
<b>IDME</b>	Total	. 12	Minus	20	- Ø	X\$ 9=			OR	X\$18=		
AMEN	Independent	• 3	Minus	<del> 3</del>	= 0	X39=		1	OR	X78 <u>=</u>	7	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDENT CLAIM		+130=			OR	+260=		
						TOT	_	† ·	OR	TOTAL ADDIT, FEE		
ŀ	6/11/01	+(Column 1)		(Column 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	·lamt	Minus	••	=	X\$ 9-			OR	X\$18=		
MEN	Independent	TW WYM	Minus	***	=	X39=	1		OR	X78=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM	٨.	+130-	╅					
١.,	* If the entry in column 1 is less then the entry in column 2, write "0" in column 3.							_	OR	+260=	'	
•	"If the entry in column 1 is less than the entry in column 2, write "U in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											